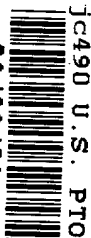


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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	01997/515001
Applicant	James E. Stein et al.
Title	PREVASCULARIZED POLYMERIC IMPLANTS FOR ORGAN TRANSPLANTATION
<b>PRIORITY INFORMATION:</b>	
This application is a divisional of United States patent application 08/345,217, filed November 28, 1994.	
<b>SMALL ENTITY STATUS:</b>	
x Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	[1] pages
Specification	[24] pages
Claims	[3] pages
Abstract	[1] pages
Drawing	[4] sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; x A copy from prior application 08/345,217 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[5] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages

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Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$710/\$355	\$355.00
Excess Claims Fee: 11 - 20 x \$18/\$9	\$****
Excess Independent Claims Fee: 2 - 3 x \$80/\$40	\$****
Multiple Dependent Claims Fee: \$270/\$135	\$****
Total Fees:	\$****
<input type="checkbox"/> Enclosed is a check for [**AMOUNT**] to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. _____ to cover the total fees. <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. _____.	
<b>CORRESPONDENCE ADDRESS:</b>	
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Signature: <u>Timothy J. Douros</u>	
Date: <u>August 29, 2001</u>	

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